

# MINUTES

## Community Mental Health Center Services Financial Workgroup

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December 10, 2019  
9:00-11:00 am  
Teleconference

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### In Attendance

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Michelle Carpenter, Linda Reidt Kilber, Terry Dosch, Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Michelle Spies, Laurie Mikkonen, Laura Schaeffer, Sarah Burt, Amy Iversen-Pollreis, Lindsey McCarthy, Mary LeVee, Doug Dix

Not Present: Brenda Tidball-Zeltinger

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### Welcome and Introductions

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- Laurie Mikkonen welcomed the group.

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### Review and Finalize November 21, 2019 Minutes

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- Prior to the meeting, Michelle Spies recommended two corrections to the draft minutes to include a correction on the percent of time nursing staff spend with clients and the number of beds at Human Service Agency. With these corrections, Michelle Spies motioned to approve the minutes, and Linda Reidt Kilber seconded. Minutes were approved.

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### Review Psych/CNP, CARE, IMPACT, Room and Board, and CYF Rates

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- Laurie Mikkonen discussed an updated recalculation in the benefit percentage used in the Psych/CNP model. This recalculated a 15-minute psychiatric visit to \$72.72. DSS also confirmed percent billable time reported by Southeastern Behavioral Healthcare. The 69% indicated is correct according to Southeastern. As has been discussed at past meeting, the evaluation rate, 90791, is recommended to be modeled to an encounter rate based on an average of an hour. The model would calculate the evaluation encounter rate at \$284.98. With this being an encounter rate, there would not be a minimum amount of time required, but rather documentation of the various components that need to be captured in an evaluation.

The CNP/PA evaluation rate would be modeled at 90% of the psychiatrist rate. The workgroup agreed to support the psychiatrist modeled rate and the CNP/PA rate for evaluation, 90791 as an encounter.

- The workgroup discussed the medication management, 90863, model as well. As part of follow up from the last meeting, DSS brought forth a proposal for rounding of units if the medication management model is set at 20-minute increments. One unit would be reimbursable for time increments of 15 to 30 minutes; 2 units equals 31-50 minutes; 3 units equals 51-70 minutes, and 4 units equates to 71-90 minutes. The rounding of time is based on the 2019 CPT Manual which indicates a unit of time is reached when the mid-point of the time increment has passed. The workgroup did not express concerns with the increments. There was discussion regarding moving from a 15-minute unit to a 20-minute unit. Linda asked for feedback if this would present difficulties for staff or systems to handle this change. The workgroup members were tasked with reviewing systems and bring back possible system impacts to the next meeting. Agreement was expressed on the model, but a final determination needs to be made if the model will be a 15-minute unit or 20-minute unit.
- Laurie Mikkonen provided an overview of the updates made to the CARE models. This included creating a model that includes all CMHCs, adding on 20% as a rural rate. A second model was presented that removes one standard deviation, which excluded Community Counseling Services, Dakota Counseling Institute, and Lewis and Clark Behavioral Health, and then adds on 20% for the rural rate. Discussion included the history on the 20% and if this was adequate or other proposals for developing a rural rate. The workgroup members did not have the full history of how this was developed. The workgroup agreed to keep a rural rate increase at 20% to assist in coverage of the distance needed to drive. The workgroup discussed the differences between the two models and if the increase in the rate over the existing rates made sense. The workgroup discussed that over the years, staff have been spending more time with clients than in the past as well as increases in delivering more evidence-based practices. The modeled rate that removes one standard deviation would support the changes in practice, and the 20% add on for the rural rate supports the smaller centers that serve a rural catchment area and other centers that drive more to meet clients. The agreement was to move forward with the CARE model at one standard deviation with the 20% rural rate contingent upon agreement from Capital Area Counseling to the removal of the transitional rate. Linda Reidt Kilber and Michelle Spies expressed with the change in room and board support for the removal of the transitional CARE rate.
- Laurie Mikkonen discussed two IMPACT models for review. The first model included all IMPACT providers; the second model broke out larger IMPACT programs from the smaller programs. Programs that served closer to 50-60 clients were considered larger programs and included Behavior Management Systems, Lewis and Clark Behavioral Health Services and Southeastern Behavioral Healthcare. The smaller programs included Community Counseling Services, Northeastern Mental Health and Capital Area Counseling Services. There was a discussion to have two different rates for these types of programs due to the staffing

requirements of the model and the need to have certain types of staff available regardless of the size of the program. The workgroup was in agreement for the need to have two different IMPACT rates.

- The modeled IMPACT rate for the larger programs was calculated at \$60.52 compared to \$81.03 for CARE. Feedback was requested if this was logical. It was indicated that the BMS IMPACT team experiences less turnover and don't take up as much space, but recent staffing turnover will be reflected in future cost reports. In the future there may also be more expectations for IMPACT and individuals being on outpatient commitments as well as increase in crisis stabilizations. We may need to revisit modeled rate in the future if these items occur. DSS will follow up with each IMPACT team to discuss the modeled rate.
- A revised model for Room and Board services was also presented. For comparison, the residential rate for the low intensity model was presented. Adjustments were made to the model as it was revised to capture staff salaries reported under CARE previously. The model includes salaries for residential workers, room and board, administration and layered on indirect costs. The average modeled rate for Behavior Management Systems and Human Service Agency calculated to \$75.74 per day. Capital Area was excluded from the calculation as their room and board services is structured differently resulting in costs that are not in alignment with the other two programs. Differences between low intensity and the mental health room and board services were discussed. Follow up will be done with Capital Area Counseling to discuss their structure.

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### Next Steps

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- Workgroup members will review system impacts to moving the medication management code to a 20-minute unit from a 15-minute unit.
- DSS and Terry Dosch will follow up with Capital Area Counseling on the removal of a CARE transitional rate and their Room and Board program.
- DSS will contact each of the IMPACT providers to further discuss the modeled rates.

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### Public Comment

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- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.